Effective January 1, 2003									062	77	47	
CLAIMS AS FILED - PART (Column 1)					and the second s			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			15				RA	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		·		X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*		X42=				X84=	
MU	TIPLE DEPEN	DENT CLAIM P	RESENT							OR	000	
* If :	he difference	in column 1 is	ess than zero, enter		"0" in c	"0" in column 2		+140=		OR	+280=	9.5
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL	770
(Column 1) (Column 2) (Column 3)						(Column 3)	SMA	\LL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 12	Minus	" 2	20	= Ø	X\$	9=		OR	X\$18=	
	Independent	. 2	Minus ***		3	= (2)	X4:	2=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT CLAIM				+14	Λ <u>-</u>		OR	+280=	
								OTAL	<u> </u>		TOTAL	
		(Column 1)		(Colu	mn 21	(Column 2)	ADDIT.	FEE		OR	ADDIT. FEE	L.,
AMENDMENT B		CLAIMS REMAINING	T	HIGH	EST	(Column 3)			ADDI-	•	r	ADDI-
		AFTER AMENDMENT		PREVE		PRESENT EXTRA	RA	ΓΕ	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	5 01 4444		X4	2=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+14	0=		OR	+280=	
						,	ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***			X4:	2=			X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM					OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The *Highest Nur	nber Previously Pa	id For" (Total	or Independ	dent) is the	e highest numbe	r found in t	he ap	propriate bo	x in co	dumn 1.	

Application or Docket Number